

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000587

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 30 Primary Registration District No. 5179 Registrar's No. 3

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u>		c. CITY OR TOWN <u>Osage Beach,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osage Beach</u>		d. STREET ADDRESS (If outside, give location) <u>Lake Road 54-52</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Otto</u> Last <u>Brown</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28-81</u> 80
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	
11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Morrison</u>	
14. NAME OF HUSBAND OR WIFE <u>Loulla V. Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>MO</u>		17. INFORMANT <u>A Mrs. Loulla V. Brown, Osage Beach, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arterio-sclerotic heart disease:</u> with coronary occlusion 5 years Arteriosclerosis, generalized 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 5 years 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		20f. CITY, TOWN, OR LOCATION <u>---</u>	
20g. COUNTY <u>---</u>		20h. STATE <u>---</u>	
21. I attended the deceased from <u>March 7, 1957</u> to <u>Jan 14, 1962</u> and last saw her alive on <u>Jan 2, 1962</u> Death occurred at <u>3 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thos A Wayland M.D.</u> (Degree or title)		22b. ADDRESS <u>Camdenton, Missouri</u>	
22c. DATE SIGNED <u>Jan 15 1962</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 17, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Humansville Mo</u>		24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 15-1962</u>		26. REGISTRAR'S SIGNATURE <u>Montie Hraw. Deputy.</u>	

(Licensed Embalmer - Statement on Reverse Side)

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Robert N Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.